BEFORE THE 1 DIVISION OF MEDICAL QUALITY 2 MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS 3 STATE OF CALIFORNIA 4 5 In the Matter Against: ORAZIO G. ROSALIA, M.D. Case No. D1-1990-2905 P.O. Box 80 Artois, CA 95913 AGREEMENT FOR SURRENDER OF LICENSE 8 Physician's and Surgeon's Certificate No. A 20463 9 Respondent. 10 11 12 13 TO ALL PARTIES: 14 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings, that the following matters are true: 15 1. Complainant, Ron Joseph, is the Executive Director of the Medical Board of 16 17 California, Department of Consumer Affairs ("Board"). 18 2. Orazio G. Rosolia, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement. 19 3. 20 Respondent understands that by signing this Agreement he is enabling the Division of 21 Medical Quality to issue this order accepting the surrender of his license without further process. 22 Respondent understands and agrees that Board staff and counsel for complainant may communicate 23 directly with the Division regarding this Agreement, without notice to or participation by 24 Respondent. The Division will not be disqualified from futher action in this matter by virtue of its 25 consideration of this Agreement. 4. 26 Respondent acknowledges there is current disciplinary action against his license, that 27 on July 28, 1998, a Petition to Revoke Probation was filed and on October 25, 1999, a Decision was

rendered wherein your license was revoked, with the revocation stayed for one year and one year

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actual suspension and cost recovery of \$4,000.00.

- 5. The current disciplinary action provides in pertinent part, "The revocation and suspension ordered herein shall be vacated upon: 1) Respondent's payment of all costs herein ordered and, 2) Respondent's surrender of his certificate to the Division of Medical Quality, Medical Board of California, and the Division's formal acceptance of such surrender..." (Order no. C)
- 6. Upon acceptance of the Agreement by the Division, Respondent understands that he will no longer be permitted to practice as a physician and surgeon in California and agrees to surrender his wallet certificate, wall license and D.E.A. Certificate(s).
- 7. Respondent hereby represents that he does not intend to seek relicensure or reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however, that if Respondent ever files an application for relicensure or reinstatement in the State of California, the Division shall treat it as a Petition for Reinstatement, the Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the Petition is filed. In addition, any Medical Board Investigation Report(s), including all referenced documents and other exhibits, upon which the Decision is predicated, and any such Investigation Report(s), attachments, and other exhibits, that may be generated subsequent to the filing of this Agreement for Surrender of License, shall be admissible as direct evidence, and any time-based defenses, such as laches or any applicable statute of limitations, shall be waived when the Division determines whether to grant or deny the Petition.

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## **ACCEPTANCE**

I, Orazio G. Rosalia, M.D., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender my Physician's and Surgeon's Certificate No. A 20463, to the Division of Medical Quality, Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Division, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Division my wallet certificate and wall license.

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ORAZIO G. ROSALIA, M.D.	

Date Date

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Attorney or Witness

JOHN C/ LANCARA

Chief of Enforcement Division of Medical Quality 70(1.76, 2000) Date

Date